HT THAN

RECEIVED CENTRAL FAX CENTER

JUN 2 8 2005

PAGE 01

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

(Application (volitical	10/811,769	1
TRANSMITTAL	Filing Date	July 1, 2003	
FORM	First Named Inventor	Dimitri Peter Zeffrogtu	
	Art Unit	1771	
(to be used for all correspondence efter initial filing)	Examinar Name	Matthew D. Matzek	
Total Number of Pages in This Sybmission 16	Attorney Docket Number	SWZ-007	
ENGLOSUPES			
ENCLOSURES (Check all that apply)			
	Orawing(s)	After Allowance Communication to To	3
Fee Attached	lcensing-related Papers	Appeal Communication to Board of Appeals and Interferences	
The second secon	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final	Petition to Convert to a Provisional Application	Proprietary Information	
	Power of Attorney, Revocation Change of Correspondence A	Address Status Letter	
	Ferminal Disclaimer	Other Enclosure(s) (please Identify below);	
Express Abandonment Request F	Request for Refund	Credit Cart Payment Form	
Information Disclosure Statement	CD, Number of CD(s)		
	Landscape Table on CD		
Certified Copy of Priority Document(s) Remar	ks	OIPE/IAP	٦
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts		JUN 3 0 2005	
L under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name The H.T. Than Law Group			
Signature			
Printed name H.T. Than			
Date June 28, 2005	R	Reg. No. 38,632	ㅓ
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature Me Surv			٦
Typed or printed name Meron Silewangazaw (faxe	d to 701-872-9308)	Date June 28, 2005	乛

This collection of Information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 1/2 * RCVD AT 6/28/2005 4:34:41 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:2023633490 * DURATION (mm-ss):01-24

PAGE 02

JUN 2 8 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no bersons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 19/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete If Known Application Number 10/611,769 **TRANSMITTA!** Filing Date July 1, 2003 For FY 2005 First Named Inventor Dimitri Peter Zafirogiu **Examiner Name** Matthew D. Matzek Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT 300.00 SWZ-007 Attomey Docket No. METHOD OF PAYMENT (check all that apply) Check 🗹 Credit Card | Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-1980 Deposit Account Name: H.T. Than For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit eny overpayments under 37 CFR 1.18 and 1.17 WARNING: Information on this form may become the formation and authorization on PTO-2038. me public. Cradit card information should not be included on this form. Provide credit card **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Egg (\$) Egg_(\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 **Provisional** 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 120